

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Munson	Beverly		(808) 546–1042
MAILING ADDRESS (Street)			FAX
, ,			
P.O. Box 2200			
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	968	841
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EMPLOYING ORGANIZATION (FI	II in only if you are employed by a business e	ntity which has been retained to lobby)	TELEPHONE
			(000) 546 1040
Hawaiian Telcom,	Inc.		(808) 546–1042
MAILING ADDRESS (Street)			FAX
P.O. Box 2200			
(City)	(State)	(Zip	Code)
		0.00	
Honolulu	Hawaii	968	41

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOB	TELEPHONE		
Hawaiian Telcom, Inc	(808) 546-1042		
MAILING ADDRESS (Street)	FAX		
P.O. Box 2200			
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn C. Yosemori		(808) 546-3868	
MAILING ADDRESS (Street)		FAX	
P.O. Box 2200		(808) 546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96841	

PART III	<u>DESCRIPTION OF</u>	SUBJECTS UPON W	HICH YOU E	XPECT TO LOBBY	
Agricu	ture	Education		łuman Services	Science, Technology & Economic Development
	unications & Utilities	Government Operation Finance		ntergovernmental Relations, nternational Affairs	Tourism & Recreation
X Consu Comm	mer Protection & erce	Hawaiian Affairs	XL	abor & Employment	Transportation
Culture Preser	e, Arts, Historic vation	Health		Planning, Land & Water Jse Management	X Other: (indicate below) Telecommunications
	y, Energy nmental Protection	Housing	X P	Public Safety & Corrections	
PART IV	CERTIFICATION O	OF LOBBYIST			
			ove is, to the b	pest of my knowledge.	correct and complete.
30	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				56
	(8	Signature of Lobbyist)		(Date)
DADTV	MITHODIZATION	TOLORBY			
PART V A	AUTHORIZATION	TO LUBB I	TITLE O	E ALITHORIZING OFFICER	OR PERSON REPRESENTED
		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
			c1 . c	T	
Micha	nel S. Ruley		Chief	Executive Officer	
	ael S. Ruley GANIZATION (if applica	able)	Chief		LEPHONE
NAME OF OR	<u> </u>	•	Chief	TE	
NAME OF OR	GANIZATION (if application, In	•	Chief	TE	LEPHONE (808) 546-7844
NAME OF OR Hawa:	GANIZATION (if application, In	•	Chief	TE (LEPHONE (808) 546-7844
NAME OF OR Hawa:	GANIZATION (if application Telcom, In	•	Chief	TE (LEPHONE (808) 546-7844 X
NAME OF OR Hawa: MAILING ADD	GANIZATION (if application Telcom, In RESS (Street) Box 2200	ic.	Chief	TE (EPHONE (808) 546–7844
MAILING ADD P.O. (City) Hono	GANIZATION (if application Telcom, In RESS (Street) Box 2200	(State)		(Zip Code 96841	LEPHONE (808) 546-7844 X
MAILING ADD P.O. (City) Hono	GANIZATION (if application Telcom, In RESS (Street) Box 2200	(State) Hawaii		(Zip Code 96841	LEPHONE (808) 546-7844 X